Medical Tribune

and Medical News

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Better Screening Urged

Gestational Diabetes Held Underdiagnosed

By Frances Goodnight
Medical Tribune Staff

New York—Better screening of pregnant women to detect gestational diabetes was urged here by a Case Western Reserve investigator who said this condition "frequently" remains unsuspected even though it occurs in 1% to 2.5% of all pregnancies.

Dr. Irwin R. Merkatz, Professor of Obstetrics and Gynecology, pointed out that such an incidence far exceeds that of overt diabetes. And expressing concern over risk to the fetus, he cited one estimate that as many as 4,500 pregnancies per year result in perinatal death from undiagnosed or untreated gestational diabetes.

"Therefore, the importance of screening for abnormal glucose tolerance during pregnancy must be re-emphasized," he said at a symposium on

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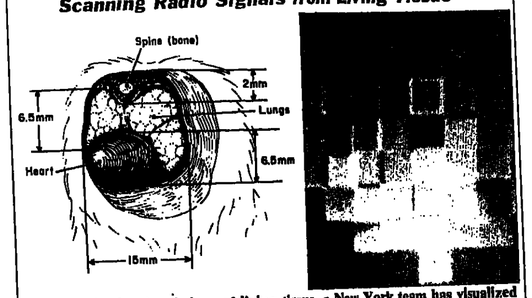
Scanning Radio Signals from Living Tissue



Using radio signal emissions of living tissue, a New York team has visualized internal structures and tumors in animals. Photo shows radio-frequency scan of hydrogen atoms in mouse thoracic cavity. Heart appears as brightest area, since it has highest water ratio. Dr. R.V. Damadian, Downstate Medical Center, says noninvasive system can be "tuned" for almost any element, ultimately enabling clinicians to visualize a tumor and obtain chemical data about it in early diagnostic studies.

Bell's Palsy: A Virus-Caused Form of Cranial Polyneuritis?

By Anastasia Toufexis
Medical Tribune Staff

New York—A controversial new theory of Bell's palsy as a variant of cranial polyneuritis caused by a virus was recently expounded here by a specialist in facial paralysis. This new concept of the disease and the relatively new steroid treatment regimen, which when begun early enough leads to recovery in 94% of patients, are leading physicians to rethink traditional views of the illness.

"Bell's palsy is *not* a localized disease of the seventh cranial nerve but represents a variant of acute benign cranial polyneuritis, possibly caused by the herpes simplex virus, says Dr. Kedar K. Adour, chairman of the Facial Paralysis Research Clinic at the Kaiser-Permanente Medical Center in Oakland, Calif.

In an interview with Medical Tribune following a lecture at the Neurological Institute at Columbia-Presbyterian Medical Center in New York, Dr. Adour, an otolaryngologist, dis-

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27,000 in Field Trials

Pneumococcal Vaccine Found Safe, Effective

By Nathan Horwitz
Medical Tribune Staff

Atlantic City, N.J.—International field trials of a polyvalent pneumococcal pneumonia vaccine have given an "unequivocal demonstration" of the vaccine's efficacy in preventing pneumonia and bacteremic pneumococcal infection, a multi-center team reported here.

The vaccine was shown to be "safe, antigenic and at least 78.5% effective in providing protection" against type-specific pneumococcal pneumonia, and more than 82% effective against bacteremic infection, in studies of 12,000 young South African goldminers, said Dr. Robert Austrian of the University of Pennsylvania.

Further, preliminary findings in ongoing studies of approximately 15,000 subjects in North Carolina and in San Francisco, he stated, are, thus far, "consistent with the results in South Africa in showing the vaccine's efficacy."

Dr. Austrian, who is Professor and Chairman of Research Medicine, said

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New Study Poses Question

Chubby Infants: Is Early Dieting Worthwhile?

By Michael Herring
Medical Tribune Staff

St. Louis—A new study comparing infant and adult weight status in a selected population shows that although chubby six-month-olds are more likely to become overweight or obese adults than normal or light weight infants, only a minority (36%) will actually become so, according to a Johns Hopkins investigator.

Moreover, Dr. Evan Charney told the Ambulatory Pediatric Association, the weight attained in the first six months, while it is more predictive of adult obesity than weight at birth or rate of gain, may not causal at all, but only "the expression of some genetic predisposition."

These findings raise the question of whether overweight infants should be put on diets at such a crucial time in their development, in hopes of warding off later obesity. The resulting stress on both parents and child could be "psychologically hazardous" or could "impair brain or other organ system development," Dr. Charney cautioned.

A study conducted at the Univer-

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Cadaver Kidney Graft Survival 23% But Patient Survival Is Enhanced

By Harriet Page
Special Tribune Correspondent

San Francisco—By the end of five years, 644 of every 1,000 patients who receive cadaver kidney transplants will have been returned to dialysis, 126 will have died, and only 230 will have functioning grafts.

That projection was presented here by Dr. William T. Stubenbord of the Rogosin Kidney Center, New York Hospital-Cornell Medical Center, based on a critical analysis of the center's experience with 326 cadaver transplants since 1963.

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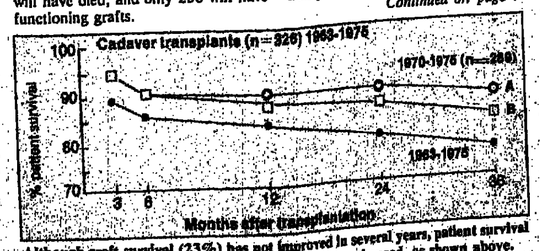

Although graft survival (23%) has not improved in several years, patient survival at Rogosin Kidney Center in New York has been enhanced, as shown above.

making rounds at press time

VOID MALPRACTICE LAW - Illinois State Supreme Court has struck down legislature's 1975 malpractice act, calling it "unconstitutional" to set $500,000 as maximum that patient can recover in lawsuit. High bench also overturned provision allowing a doctor to sit on pretrial review panel. In finding for patient who charged she suffered permanent injury in gynecologic operation, Court contended that singling out only medical malpractice actions for maximum awards constitutes "a special privilege" in violation of state constitution. Medical society spokesman says that group will abandon effort to put legal lid on awards.

Pneumococcal Vaccine Shown 'Safe', At Least 78% Effective

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the data raise the realistic prospect that a polyvalent pneumococcal pneumonia vaccine would "largely eliminate" pneumococcal pneumonia among American adults. He spoke at the annual meeting of the American Association of Physicians.

In the South African trials, started in 1970, goldmining novices were chosen because pneumonia is still endemic in this population. "The attack rate of putative pneumococcal pneumonia among men coming to work for the first time in the mine was found [in a preliminary study] to be 90 per 1,000 man-years of exposure," Dr. Austrian said.

The 12,000 young adult males were randomized to receive either a polyvalent pneumococcal vaccine, a Group A meningococcal vaccine or a saline placebo. Three polyvalent pneumococcal vaccines were studied, one with capsular polysaccharides of six pneumococcal types, the other two with 13 pneumococcal types.

The combined data for the three trials demonstrated that the vaccines were effective, in the ratios stated earlier, in preventing bacteremic pneumococcal infection caused by the types included in the preparation, and type-specific putative pneumococcal pneumonia.

No Replacement Illness

A major finding, Dr. Austrian told the meeting, was the demonstration, for the first time, that other pneumococcal illnesses have not taken the place of those prevented by the vaccine.

"Throughout the course of our investigation," he stated, "the question has been raised repeatedly whether or not disease eliminated by prevention of infection with selected pneumococcal types would lead to its replacement by illness caused by other pneumococcal types . . . The attack rate of radiologically confirmed pneumonia in pneumococcal vaccinees [two years after the start of the trial] has been reduced to slightly more than half, and it has been shown that this reduction has been maintained over a period of a year in a closed population into which new potentially susceptible subjects were being introduced. Whether or not the reduction would be maintained indefinitely cannot be ascertained at this time."

Side effects in the trials were relatively minor, he said. These included some discomfort or pain at the site of injection, local erythema lasting for a day, and a slight temperature elevation for one day.

Dr. Austrian reported that a dodecovalent pneumococcal vaccine is expected to be licensed within the next year, and "should provide a useful prophylactic agent for adults at higher than average risk of a fatal outcome of pneumococcal infection."

If a 20-antigen vaccine were to be used widely, he added, "the prospect of largely eliminating the half million pneumococcal pneumonias estimated to occur annually in the adult population of this country would appear to be a realizable one."

Coauthors were Drs. Robert M. Douglas, University of Pennsylvania, Gerald Schiffman, Downstate Medical Center, New York, Albert M. Cetrzee, Pretoria, South Africa, Hendrik J. Koornhof and Stanley Hayden-Smith, South African Institute for Medical Research, Johannesburg, and Robert D. W. Reid, Hospital of the East End Proprietary Mine, South Africa.

Related Findings

In a related paper, a University of Illinois investigator reported that a controlled randomized trial of a polysaccaride vaccine with eight antigens significantly reduced the carrier state among a sampling of Chicago's Skid Row population.

The findings were based on studies of 297 subjects in a total group of 3,300 volunteers who are undergoing the vaccine trial. Controls received tetanus toxoid inoculations.

H. E. Krause, M.P.H., told the American Federation for Clinical Research here that acquisition of the carrier state was defined as the initial recovery from the sputum of volunteers of the same capsular type in each of two weeks or more during a given month.

"Acquisition of capsular types contained in the vaccine occurred in 35 or 25.5% of the 137 tetanus toxoid vaccinees, but in only 24 or 15% of the 160 pneumococcal vaccinees; this difference represented a 41% reduction in acquisition of vaccine types among pneumococcal vaccinees compared to tatanus toxoid vaccinees," Ms. Krause declared.

Duration of the carrier state was also significantly longer in the control group, the investigator said. "The mean duration of carriage, irrespective of vaccine type, was 2.4 months in pneumococcal vaccinees and 4.3 months in tetanus toxoid vaccinees."

These findings show, Ms. Krause concluded, that pneumococcal polysaccharide vaccine can stimulate protective antibody and thus provide "the basis for concluding that the vaccine will be effective in reducing pneumonia rates as well."

Coauthor was Dr. M. A. Mufson.

Better Screening Urged to Detect Gestational Diabetes

Continued from page 1

diabetes and other endocrine disorders presented by Cornell University Medical Center and sponsored by the National Foundation-March of Dimes.

Clinicians should be alert to the possibility of gestational diabetes, Dr. Merkatz believes, if the pregnant woman has a family history of diabetes, or if she is obese--particularly if she is over the age of 25. Other suggestive circumstances include a previous pregnancy outcome of unexplained stillbirth, neonatal death, a baby that weighed more than 4,000 grams, or one with a major anomaly.

The presence of glucose in a second fasting urine specimen or an observation of clinical hydramnios should also raise suspicions, he added.

But Dr. Merkatz cautioned that the diagnosis of gestational diabetes is "contingent upon the presence of an abnormal glucose tolerance test," and called such testing advisable for all pregnant women.

3rd Trimester Glucose Load

What he recommends is administration of an oral 50-gram glucose load in the third trimester, when insulin antagonism is most likely to unmask mild carbohydrate intolerance. An earlier test would be "prudent" in patients thought to be at risk but should be repeated later, he said.

Dr. Merkatz defines the criterion for diagnosis of gestational diabetes in the third trimester as two or more values equal to or greater than the following whole blood glucose concentrations: 90 mg/deciliter fasting; 165 mg/dl at one hour; 145 mg/dl at two hours; and 125 mg/dl at three hours.

Stressing the need for strict control of the maternal glucose level in both overt and gestational diabetics, Dr. Merkatz said the goal adopted at MacDonald House--a maternity and gynecologic unit of University Hospitals of Cleveland--is to maintain fasting blood glucose concentrations under 100 mg/dl and postprandial levels approximately 120 mg/dl.

Ambulatory management is supplemented by "liberal use of hospitalization" for clinical evaluation and control. Predelivery hospitalization is employed routinely at 34-35 weeks for the insulin-dependent diabetic and for the gestational diabetic if there has been late diagnosis or evidence of poor control or developing pregnancy complications.

Fetal Surveillance

Fetal surveillance begins with ultrasonography in the mid trimester for early determination of fetal age, and includes a range of monitoring procedures such as hormonal assessment of fetoplacental function, periodic amniocenteses for evaluation of fetal pulmonary maturity, and electronic monitoring of fetal heart rate.

In 1974-1975, 96 diabetics (68 gestational, 28 insulin-dependent before pregnancy) were delivered at the hospital with a perinatal mortality rate of only 4.2%.

By comparison, 52 of the gestational diabetics had previously had a total of 133 potentially viable pregnancies with a perinatal mortality rate of 8.3%. For the 171 prior pregnancies of all 70 parous gestational and insulin-dependent diabetics, the combined rate had been 13.5%.

New Hearing Aid Rules?

Medical Tribune Report

WASHINGTON, D.C.—The Food and Drug Administration has proposed labeling requirements and conditions of sale for hearing aids that would require a medical examination before purchase if the patient has dizziness, ear deformity, fluid drainage, rapid onset of hearing loss, a foreign body in the ear, or other "warning signals."

index

CLINICAL NEWS NOTE: *"...the problem facing nephrologists is to offer their patients all the possible alternatives. Since we still cannot predict success or failure on an individual basis, there is always a possibility that a [cadaver kidney] graft in a poor risk patient will succeed. The decision to go ahead with such a procedure must depend on a low mortality rate and an informed decision by the patient."* (Dr. William T. Stubenbord. See page 1.)

feature index

Introducing a new feature . . .

INTERNATIONAL REPORT

from **Britain, France, Germany, Japan**

A roundup of significant clinical news as reported by MEDICAL TRIBUNE's foreign editions.

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Medical Tribune

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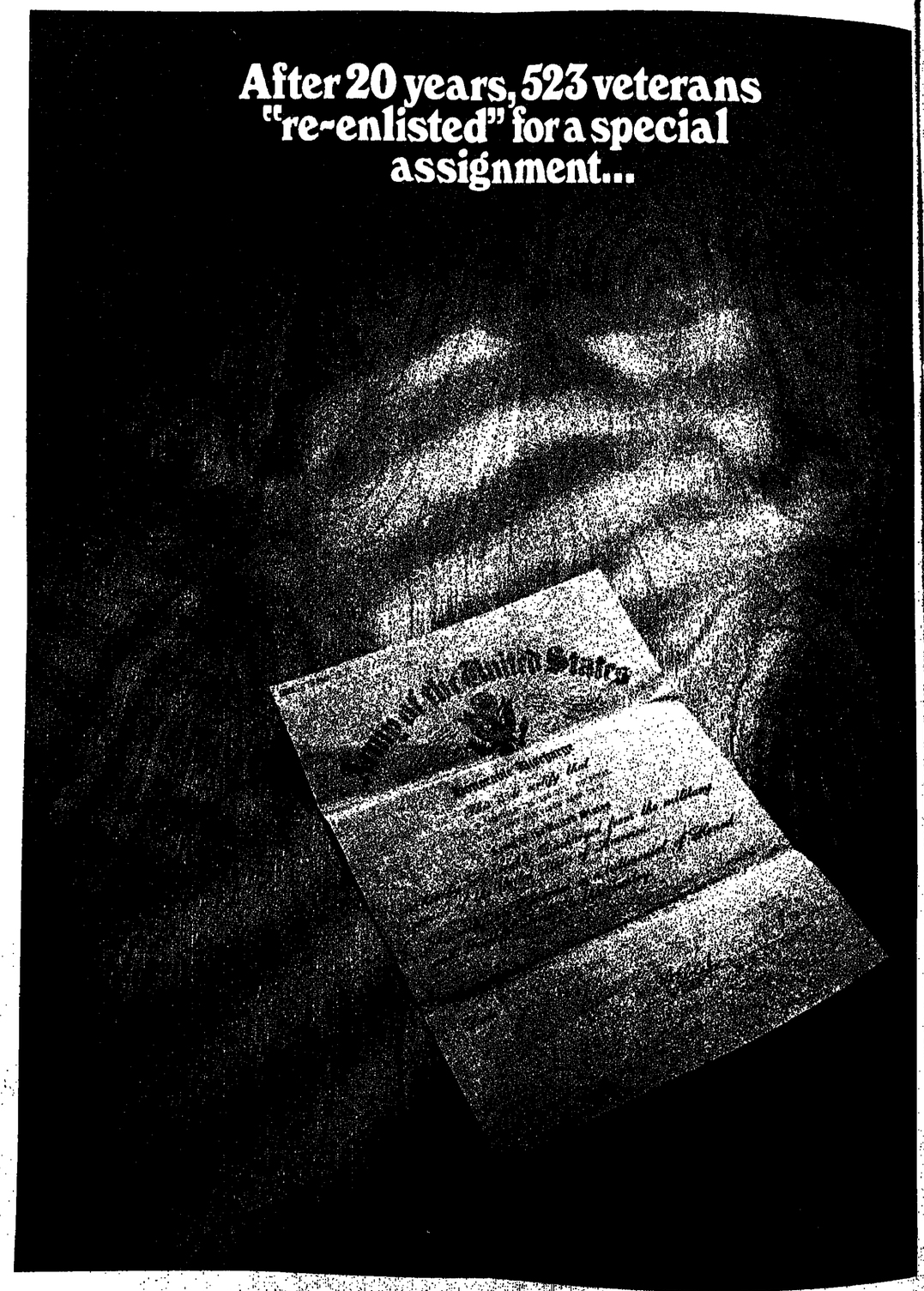
After 20 years, 523 veterans "re-enlisted" for a special assignment...



The assignment: combat hypertension

The VA studies showed it had to be controlled.

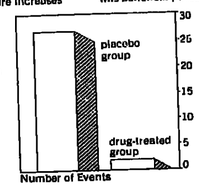
Long after World War II, large numbers of veterans were enrolled in what have since become known as landmark studies in the treatment of hypertension.

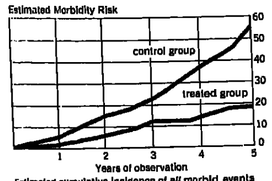
The VA studies[1,2] established that even moderately elevated blood pressure increases the risk of target-organ damage and death—and that hypertension should be treated in order to reduce morbidity.

In the earlier study,[1] covering a two-year period, 143 male veterans with diastolic pressures averaging 115 through 129 mm Hg were randomly assigned to either placebo or active treatment. The study showed significant benefits to the drug-treated group.

The second study[2] covered a five-year period and involved 380 patients with milder hypertension (diastolic pressures averaging 90 through 114 mm Hg). Here, too, active drug treatment was beneficial; thus the estimated five-year risk of developing a morbid event was reduced from 35% to 18%.[2]

Morbid events in patients with diastolic pressures averaging 115-129 mm Hg. In the placebo-treated group, there were 27 morbid events, 4 of them fatal; in the drug-treated group, there were but two complicating events. (Adapted[1])





Estimated cumulative incidence of *all* morbid events over a five-year period for patients with diastolic pressures averaging 90-114 mm Hg. (Adapted[2])

Control was achieved with:[3]

hydrochlorothiazide

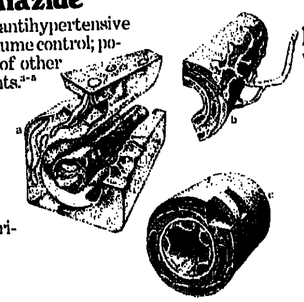
which provides a mild antihypertensive effect through fluid volume control; potentiates the activity of other antihypertensive agents.[3-5]

(a) Symbolized reduction in circulating fluid volume

plus hydralazine

the unique action of oral hydralazine lowers blood pressure through direct arteriolar vasodilation to reduce peripheral resistance.[3-5]

(c) Diagram of relaxed arteriole



plus reserpine

which lowers blood pressure through sympathetic inhibition;[3-5] also produces a central sedative effect which may prove particularly useful in the management of the stress-reactive patient.

(b) Schema of norepinephrine depletion at sympathetic nerve ending

Only one antihypertensive agent contains all three components used in two published VA cooperative studies.[3]

In the VA studies, Ser-Ap-Es itself was not used. However, all the components of Ser-Ap-Es were used in varying combinations.[1,2]

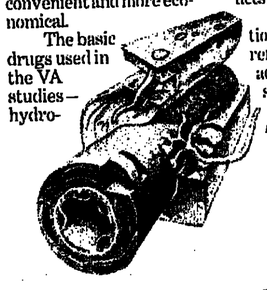
Ser-Ap-Es contains all the antihypertensive medication many patients will need.

And when the dosage of each component corresponds to the dosage preestablished by individualized titration, Ser-Ap-Es may prove more convenient and more economical.

The basic drugs used in the VA studies—hydrochlorothiazide, reserpine, and hydralazine—are original products of CIBA research.

Note: Use Ser-Ap-Es cautiously in patients with advanced renal damage or cerebrovascular accident. Discontinue at first sign of mental depression.

Please turn page for brief prescribing information.



Ser-Ap-Es®

reserpine 0.1 mg
hydralazine hydrochloride 25 mg
hydrochlorothiazide 15 mg

CIBA

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See Cadaver Kidney Graft Survival 23% After 5 Years

Continued from page 1

He said he believes it is a valid projection, and that it is important for physicians, patients, and the community to have a realistic idea of what transplantation can accomplish." He undertook the analysis, Dr. Stubenbord told MEDICAL TRIBUNE, because he felt that no one had taken an objective hard look at the data heretofore.

"Aggregate data from multiple centers suffer from problems of data collection," he noted, "while individual centers may report results on selected groups of patients, thus not giving a representative picture of the status of cadaver transplantation."

While graft survival—defined as function sufficient to not require return to chronic dialysis—has not changed over the past several years," Dr. Stubenbord said, "prominent gains in clinical transplantation have been made in enhancing patient survival." Indeed, graft survival does not always imply patient survival; Dr. Stubenbord's analysis showed, in fact, that increased graft survival and increased patient mortality—defined as any mortality following transplantation, regardless of whether the patient had a functioning graft or not—were positively correlated.

So while it is "unlikely that graft survival will increase within the next five years with present therapy," he said, "it is likely that patient survival will gradually improve throughout the country as graft survival is deemphasized." This "de-emphasis," Dr. Stubenbord told MEDICAL TRIBUNE, can take the form, for example, of sacrificing grafts when necessary. "Rather than risking a patient's life by continuing to treat rejected grafts," he said, "we now might choose to simply remove the transplanted kidney."

Dr. Stubenbord went on to say that "there are unquestionably large numbers of patients who have benefited from transplantation and this benefit has also decreased costs of end-stage renal disease—directly, by eliminating the need for dialysis, and indirectly, by restoring the patients to a more productive life."

Eventually the biologic problems of transplantation will be solved, he continued, but "in the meantime we must plan realistically for the care of all patients with chronic renal failure."

Dr. Stubenbord noted that selecting out certain groups of patients can alter results appreciably. Young, non-diabetic, well-matched, non-responders, for example, have excellent results.

"But the problem facing nephrologists is to offer their patients all the possible alternatives. Since we still cannot predict success or failure on an individual basis, there is always a possibility that a graft in a poor risk patient will succeed. The decision to go ahead with such a procedure must depend on a low mortality rate and an informed decision by the patient.

Quality of Life

"The quality of a patient's life can only be determined by the patient himself. A 20% chance of success may be acceptable to some poor risk patients and not to others."

The cases Dr. Stubenbord examined consisted of 280 patients who had received 326 cadaver kidneys (40 patients had two transplants and three patients had three).

Patients with diabetes, cardiovascular disease, systemic lupus, scleroderma, or malignancy were all part of the population; only patients with fever or infection were excluded.

Great variations could be seen when the patients were examined by groups—such as those who were lympho cytotoxicity positive or negative, or those who were under 40 compared with those who were over 40. (cytoxicity was measured by screening a panel of lymphocytes from 20 selected donors representing 40 different antigens. Positive cytoxicity was defined as more than 20% killing of the panel over control levels.) The overall data showed a 40% one-year grant survival with a 13% yearly graft loss thereafter, and a 10% patient mortality the first year with a 2% a year mortality after that.

Those were the figures he used, he explained, to arrive at his projections.

Boon to Infection-Prone

Bacteriological isolation suit, designed by Arthur D. Little, Inc., enables patients with defective immune systems to leave laminar-airflow rooms for specialized treatment within hospital, recreation, or visits with their families.

An open letter to the doctors of America

Subject: **The all-important physician-patient relationship**

Dear Doctor:

We must and will do something about it.

The science and art of medicine has reached its most advanced state but the all-important physician-patient relationship is plunging to an all-time low.

We must do something about it.

The establishment of "cost-effective" control rather than "therapeutic-effective" practice is part of the drive towards the government's dominance, if not takeover, of medicine. Physicians personally, and the medical profession generally; medicines specifically, and diagnostic and other procedures generally, have become a target for governmental attacks as a result of the pressures generated through sensation-seeking consumerism and political expediency.

Patient regimens are too often disrupted, medical advice disregarded and medications neglected. Early diagnosis of essential conditions is being placed in jeopardy and early treatment delayed.

We must do something about it.

Medical Tribune has addressed these issues editorially. Medical Tribune has encouraged the mobilization of official bodies of medicine. It has reported extensively on constructive efforts by *ad hoc* committees of physicians. We have discussed these problems at great length with responsible consumer leaders, leaders in all fields of medicine, and with a whole gamut of government officials.

More is needed.

Medical Tribune has developed and is introducing an innovation in patient education to help rebuild and sustain the all-important physician-patient relationship. Medical Tribune has prepared a series of supplements for use in physicians' waiting rooms, clinics, and hospitals, entitled THE GOOD DRUGS DO. Each supplement is prepared by an outstanding leader in one of the fields of medicine. Each supplement is written so that the patient can understand it. Each seeks to advance the goal of an informed patient, a cooperative patient, and a patient confident in his physician's practices, medicines and recommendations. The waiting room patient supplement, THE GOOD DRUGS DO, will be coming to you as a section of Medical Tribune.

THE GOOD DRUGS DO patient supplement in Medical Tribune seeks to do something positive about the physician-patient relationship.

THE GOOD DRUGS DO supplements prepared thus far consist of a general introduction by Dr. Louis Lasagna, covering the broad advance made by therapeutic medicine in the Golden Age of Therapeutics. THE GOOD DRUGS DO individual supplements then go on to take up Depression, Hypertension, Nutrition and Vitamins, Alcoholism, Diabetes, Arthritis, Psychoses, Antibiotics. Each subject supplement is prepared by an outstanding authority in the field and addressed to patients.

Please remove THE GOOD DRUGS DO supplements from coming issues of Medical Tribune and put them in your waiting room.

You can help us help your patients by making this essential material available to them and by advising us as to how we may make improvements in your and your patients' interests.

We can do something about the all-important physician-patient relationship.

Sincerely,

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Coming in the next issue:

THE GOOD DRUGS DO in Kidney Disease

EDITORIAL CAPSULES

. . . brief summaries of editorials or comments in current medical and scientific journals.

Pregnancy and Iodides

"Neonatal deaths from tracheal obstruction caused by congenital goiters have been reported from such widely scattered locales as Buffalo, New York, New York City, Philadelphia, Washington, D.C., Seattle, Tokyo, Japan, and Glasgow, Scotland. The mothers of these infants had asthma and were receiving conventional doses of iodides, either as potassium iodide or as mixtures of bronchodilators and iodides. Because of these deaths, the Committee on Drugs of the American Academy of Pediatrics has reviewed the use of iodides in the therapy of asthma and other chronic pulmonary diseases. . . .

"The Committee recommends the following:

(1) Iodides should be used as expectorants only in patients with chronic disease who have a reproducible, clear-cut amelioration which cannot be obtained with a less toxic agent. The dosage should be as low as possible, and the drug should be used for the shortest time possible.

(2) Iodides should never be used as expectorants during pregnancy and should be discontinued or decreased during breast-feeding.

(3) Iodides should not be prescribed as expectorants during adolescence because of their potential to induce acneiform eruptions, exacerbate existing lesions, and adversely affect the thyroid.

(4) Iodides should never be prescribed as expectorants for patients with goiter.

(5) All preparations containing iodides should be clearly labeled as to their iodide content, with the warning that they are contraindicated in pregnancy." *(Sumner J. Yaffee, M.D., et al, Pediatrics 57:272, Feb., 1976)*

Low-Dose Insulin: Caution

". . . recent reports promulgating continuous intravenous infusions of low-dose insulin (1.2 to 12.0 U per hour, with or without an initial priming dose of 0.5 to 12 U) as a safe, simple and effective method of treating diabetic ketoacidosis, coupled with favorable editorial reviews, have resulted in premature acceptance and widespread use of this new regimen.

"There is no doubt that many patients with diabetic ketoacidosis will respond to low-dose continuous insulin infusion. It is more pertinent, however, to ask how many will not respond. Put in another way, how many lives will be lost as a consequence of inadequate insulin administration because of the present unwarranted enthusiasm for and use of progressively decreasing amounts of insulin in the treatment of diabetic ketoacidosis?" *(Leonard L. Madison, M.D., New Engl. J. Med. 294;393, Feb. 12, 1976)*

The Only Independent Weekly Medical Newspaper in the U.S.

Medical Tribune

and Medical News

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Drug Perspectives and Policy Need Reason, Not Rhetoric

TOO MANY of our orientations, legal, medical and social, are related to widely propagated, popular mythology. Our attitude towards psychotropic agents such as marijuana is a classic case in point. In Current Opinion (page 20), one of our country's foremost experts on abuse of drugs makes a number of points of importance to every practicing physician and patient in debunking marijuana mythology:

Continuous users of marijuana may number as little as one-tenth that of regular users of alcohol. One hundred million Americans use alcohol regularly; only 13 million, out of 32 million who have experimented with marijuana, use it more than once.

• As to violence, marijuana, popular with the "flower children" of the past, is rejected by militant groups because, by inducing peaceful attitudes, it may distract from activist change or revolution.

• As to the stepping-stone theory that marijuana leads to hard drug addiction, it is noted that "virtually every study has shown that alcohol and nicotine are the initial drugs of experimentation by our heroin addicts (95% have used alcohol) and everyone else as well."

• As to the "amotivational syndrome" (the exact opposite of the "hashish violence" mythology), longitudinal studies have shown no detriment to motivation as measured by school performance.

• As to brain damage, a single report of ventriculogram studies has not been confirmed; neither has a single report on effects on the body's immune mechanisms.

It would seem that social and political policy has played a major role in public and police attitudes towards psychoactive drugs. A report of the National Commission on Marijuana, and Drug Abuse, of which Dr. Ungerleider was a member, represented a massive, non-political and non-moral, scientific and social effort to get at the truth about marijuana. If marijuana is a health problem, the extent should be determined scientifically.

Since great hullabaloos are raised with one, five, or 50 avoidable deaths resulting from therapeutic agents, one is moved to wonder at the political and press silence when a single psychoactive recreational drug, such as alcohol, used for social purposes, is involved in "35,000 traffic fatalities, one million traffic accidents, and one half of all violent crimes" in the U.S. each year.

The test of probity in respect to the public health would seem to be the willingness of political and social leaders to seek actions proportioned to problems in areas of public health. It would seem, according to Dr. Ungerleider, that in respect to marijuana, "medicine seems to be returning to science, politicians to truth, and the public to sanity." It is to be hoped that such new attitudes will become more widespread with respect to drugs generally. Reason must displace rhetoric for proper drug perspectives and health policies.

A.M.S.

The Nutrition Gap...

THE NUTRITION GAP, between what is known and what is being medically conveyed, widens. It is difficult to understand the continuing neglect of this vital subject in the medical curriculum.

Further, as a result of medical default the public is increasingly dependent for nutritional information on non-medical sources. Lay publications, particularly women's magazines, and a number of health periodicals have done fair to creditable jobs, but much too much of this field has been preempted by faddists and irresponsible exploiters of public ignorance.

...And The Pregnant Woman

PARTICULARLY DISTURBING is the medical failure to put into practice important findings in the field of maternal nutrition. The early reports of M. B. Strauss (*Am. J. Med. Sci.* 190:811, 1935) and Robert A. Ross (*South. Med. J.* 28:120, 1935) on the relationship of nutrition to eclampsia or convulsive metabolic toxemia of late pregnancy have been landmark investigations. Dr. Tom Brewer, who has referred to these pioneers time and again, has demonstrated with his own findings that proper nutrition has resulted in a marked reduction in the incidence of eclampsia or convulsive MTLP in practice. His observations are concordant with those of Hamlin in Australia (*Lancet* 1:64, 1952). The findings have been consistent for almost 40 years. One would expect in so tender an area as maternal and fetal health a greater sense of urgency.

A.M.S.

Pneumococcal Vaccine

CLINICAL QUOTE: *"Were the number of antigens in the vaccine to be increased . . . and the vaccine to be used widely, the prospect of largely eliminating the half million pneumococcal pneumonias estimated to occur annually in the adult population of this country would appear . . . realizable."* (Dr. Robert Austrian, of the University of Pennsylvania. See page 1.)

"Why do you keep coming out with new diseases—before you cure the old ones?"

LETTERS TO TRIBUNE

On Tuberculosis Therapy

The report of my remarks [on short-term therapy for tuberculosis] at the Pulmonary Disease Symposium at the New York Academy of Medicine (MT, April 21) is, in general, well done. Unfortunately, no mention was made of the Public Health Service's TB Control Division, which is coordinating the controlled trials; and I do not believe I said that pregnancy is a contraindication to preventive therapy—it is not contraindicated, but prudent to delay until after delivery.

PHYLLIS Q. EDWARDS, M.D.
Indian Health Service
Training Center
Tucson, Ariz.

The Good Drugs Do

Encore! Encore! Regarding your excellent education pullout (The Good Drugs Do, MT, March 10) under Dr. Lasagna's editorship; patients have a way of carrying off such items too soon for all to benefit.

Strongly suggest you supply these either: 1) in duplicate or 2) supply them with a jacket cover large enough to accumulate them, (a clear plastic cover would do), 3) offer them for sale by the dozen for patient handouts, or 4) some combination of the previous 3.

R. D. LAUSA, M.D.
Columbus, O.

An "Informed" Consent

Being deeply involved in medicolegal matters, particularly as an educator, I was extremely interested in Mr. Nathan Horwitz' article, on "Informed Consent Study" (MT, Feb. 26). Having practiced internal medicine for over 30 years, I can attest to the findings of Dr. George Robinson, the author of the study.

However, in retrospect, I wonder how adequate and appropriate was the information that I and Dr. Robinson gave our patients. This is one of the questions to be answered in evaluating Dr. Robinson's data. He assumes, as I and all other physicians do, that we decide what, how, when and where is appropriate for the patient. We must remember, that the test for the adequacy of "informed consent" is subjective—not objective. It is what a particular patient needs to know in making an enlightened and knowledgeable decision. It is not what we physicians choose to tell in the manner and forum that we select. I do not write this letter in criticism of Dr. Robinson's study, but merely to test his and other physicians' conclusions about the concept of "informed consent."

HAROLD L. HIRSCH, M.D., J.D., F.C.L.M.
Washington, D.C.

Second Opinions

In evaluating the validity of the Blue Cross "second opinion" [MT, April 7], I would like to call attention to what I refer to as the "Professor Syndrome."

As a young ob-gyn physician in the early days of my practice, I often would suggest surgery to one of my patients, only to have her go to a "professor," who upon examining my patient, would inform her that the surgery "was unnecessary."

To my dismay, usually on the return visit to the "professor," the surgery then became urgent, and was subsequently performed by the professor.

Blue Cross should be advised that their statistics had best be held in abeyance until they have at least one year's experience. It is very possible that what was not initially necessary may have become necessary but with a different operative physician!

DAVID PLOTKIN, M.D.
(Older and wiser)
Massapequa, N.Y.

Unjustified Surgery?

Your editorial, "Abuse of the Press and Science" (MT, Mar. 17), was very accurate and informative. Your readers might be interested in "Unjustified Surgery—Fact or Myth?, which I wrote (*N.Y. State J. Med.* 76:454, Mar., 1976). It emphasizes the issue of abuse referred to in your editorial.

RALPH S. EMERSON, M.D.
President
Medical Society of
State of New York
Lake Success, N.Y.

ROCHE

Valium® (diazepam) has a range of clinical applications no other benzodiazepine can match

Indicated in anxiety, psychic tension and psychoneurotic anxiety with secondary depressive symptoms

A number of benzodiazepines can be used for treating anxiety. But Valium is the only one *specifically* indicated in such a wide range of situations where anxiety is clinically significant. For example, I.M. Valium is *specifically* indicated for anxiety prior to surgery. I.V. Valium is *specifically* indicated prior to elective cardioversion and as an adjunct prior to endoscopic procedures... and, it provides the added benefit of diminished patient-recall in these situations. When used orally as a psychotherapeutic agent, Valium is *specifically* beneficial for the muscular tension and other somatic and psychic symptoms of anxiety. And, it may also be used when psychoneurotic anxiety is accompanied by secondary depressive symptoms. It all comes down to this: *Valium–the benzodiazepine you know and trust–gives you a broader range of clinical utility than any other benzodiazepine.* And because adverse reactions more serious than drowsiness, fatigue and ataxia are rare, Valium is relatively safe. Do, however, caution patients against driving, operating dangerous machinery or the simultaneous drinking of alcohol. Also encourage patients to adhere to the prescribed dosage regimen or to discuss any needed adjustment with you.

Indicated adjunctively in skeletal muscle spasm and certain spastic disorders

Valium (diazepam) is the only benzodiazepine indicated in skeletal muscle spasm and spasticity. And here, too, its indications are extensive and quite specific: as an adjunct in skeletal muscle spasm due to reflex spasm to local pathology such as herniated disc or acute muscle strain; adjunctively in spasticity associated with paraplegia; adjunctively in spasticity due to cerebral palsy and athetosis; adjunctively in stiff-man syndrome and tetanus (the parenteral route only is used in tetanus).

Valium can break the spasm/pain/spasm cycle, bringing more comfort and mobility to the patient with low-back syndrome. Valium can reduce involuntary movements, bringing more confidence and a boost in morale to patients with upper motor neuron disorders. It's *the one* benzodiazepine with clinically proven muscle-relaxant activity.

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As an anticonvulsant, the clinical applications of Valium(diazepam) even extend to life-threatening situations. Injectable Valium administered intravenously is preferred in status epilepticus and severe recurrent seizures. Among the reasons: its effectiveness, speed of action, duration of seizure control and relative safety. Oral Valium has also been used as an adjunct in certain minor motor seizures, but has not been proved useful as sole therapy.

Whenever Injectable Valium is used I.V., it should be injected slowly, at least one minute for each 5mg (1 ml) given. Avoid small veins, *i.e.*, on the dorsum of the hand or wrist, as well as intra-arterial administration or extravasation. Injectable Valium should not be mixed or diluted with other solutions or drugs and should not be added to I.V. fluids.

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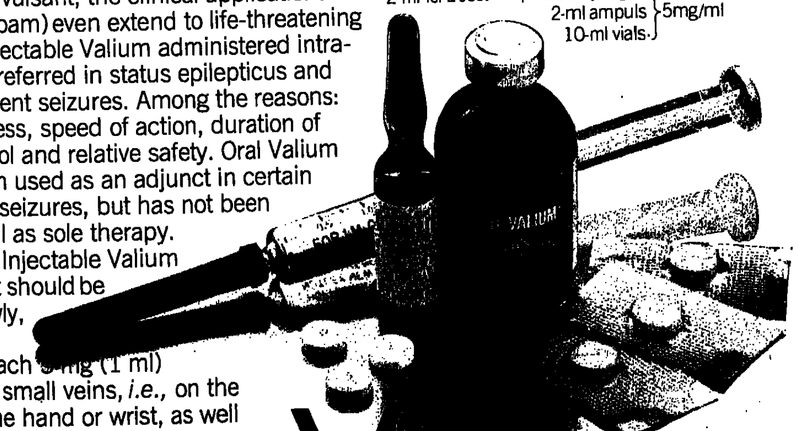

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Bell's Palsy: A Virus-Caused Form of Cranial Polyneuritis?

...ued from page 1

...al new and somewhat controver-...concepts of Bell's palsy. Dr. Adour ...himself had the disease.

...raditionally, Bell's palsy has been ...n inclusive term for facial paralysis ...unknown cause, according to Dr. ...ur. It has been thought of as an ...ized, unilateral disease of the intra-...ranial portion of the seventh cranial ...e, that is, the facial nerve.

This is now in dispute. After studying over 1,000 patients, Dr. Adour is ...nced that the paralytic process be-...s as herpes simplex infection of the ...h cranial nerve which then moves ...n to the seventh.

Multiple Nerve Involvement

"A neurological exam reveals multiple nerve involvement. In our series, 87% of patients had hypesthesia of two or more branches of the trigeminal nerve, 3% had motor involvement with weakness of the masseter or pterygoid muscle, 43% have abnormal electronystagmograms of the vestibular nerve, 9% had hyperacusis of the cochlear nerve, and 35% had hypesthesia of the glossopharyngeal nerve."

Furthermore, examination of the tongue reveals that the "fungiform papillae are inflamed not only on the affected side, but also on the clinically unaffected side," Dr. Adour notes.

Dr. Robert E. Lovelace, director of the Electromyography and Nerve Conduction Laboratories at Columbia's Neurological Institute remarks, "We are faced with a truly interesting concept here. We appear to be seeing only the tip of the iceberg in Bell's palsy."

Although conclusive evidence is lacking, researchers are investigating a viral link to the disease. Virus titers run on 41 patients in a controlled revealed herpes simplex as the only virus in common, Dr. Adour says. He notes that herpes simplex inoculated into animals has reproduced the disease.

Dr. Adour believes the virus gains a foothold in the respiratory tract, travels up the axons of the sensory nerves to the sensory ganglions where it remains dormant until reactivated.

"Minor epidemics of Bell's palsy have been observed at times when herpes simplex activity is high," he says.

Females aged 10 to 19 develop the disease twice as often as males the same age, according to Dr. Adour. Onset is usually within the first 14 days of the menstrual cycle. "Body temperature goes up and the virus is activated," he explains. Pregnant women are three to four times as likely as nonpregnant women to contract Bell's palsy and six times more likely to do so in the third trimester, he says.

Presenting symptoms are excessive tearing, numbness in the face, pain behind the ear, abnormal taste sensation and sensitivity to loud noises.

The last, which occurs in almost 100% of cases, must be distinguished from hearing loss. "Any patient with hearing loss should be immediately referred to an otolaryngologist. Hearing loss is not associated with Bell's palsy," Dr. Adour stresses.

Steroid therapy is recommended; surgical decompression is not. "Prednisone does not affect the course of the disease but protects the nerve from allergic or autoimmune inflammatory reactions," says Dr. Adour. For adults the dosage is 30 mg b.i.d. for the first five days.

The patient should be sent within the first three days to the hospital for nerve excitability tests. If test results are abnormal, then the prednisone is continued for another 11 days. Dosage is then tapered to zero over the next five days.

"Prednisone should not be discontinued abruptly even if vesicles appear in the ear after treatment is begun. This represents normal progression of the disease, not a drug reaction," Dr. Adour emphasizes. "A maximum of 21 days treatment is recommended since this covers the acute phase of the disease."

Uncomplicated recovery takes three to six weeks but all patients should improve within three to six months. "If they don't, then it's not Bell's palsy," Dr Adour notes. "One thing physicians should be very aware of is that patients tend to become very depressed in the second week. They need a little extra attention then but no antidepressants."

94% of Treated Recover

All patients should be treated although diabetics, hypertensives and psychoneurotics are high risk patients, Dr. Adour says. "If untreated, 80% of patients will recover completely, but we can't predict which. When treated, 94% of patients recover. Only 6% do badly although some recovery is evident."

Early referral of all patients with suspected Bell's palsy to a facial nerve diagnostic and treatment center is urged by both Drs. Lovelace and Adour. "The steroid regime is still so relatively new and the effect of the disease so devastating if good results are not obtained," Dr. Lovelace told MEDICAL TRIBUNE, "that referral cannot be too strongly emphasized."

Steroids are more likely to be effective if treatment is begun within three days of onset of symptoms, he said. Indeed, treatment begun later than the fifth day is apt to be less effective, and after two weeks any benefit from steroid therapy is doubtful, the New York investigator emphasized.

INTERNATIONAL REPORT

from Japan *from the Editors of Medical Tribune Japan, Tokyo*

MDs, Priests, Discuss Life Support of 'Vegetative' Patients

Medical Tribune World Service

TOKYO—Reflecting the concerns felt by physicians world-wide over the continued maintenance of "vegetative" patients through life-support systems, many physicians, lawyers and priests participating in a symposium sponsored by a group of clinicians concluded that euthanasia must be accepted as unavoidable in certain situations. However, others stressed the difficulties, when faced with the reality, in making such a decision.

Dr. Rin Kohno, Tokyo Metropolitan Kansatsu Imuin (Supervisory Hospital), pointed out that the presence of a so-called "vegetative" patient creates an almost unbearable stress on the physicians and nurses as well as on the patient's family. Not infrequently, he said, the family, burdened with financial and emotional problems, may be driven into requesting euthanasia for their loved one. The progress of medicine is causing an increase in the number of patients with serious brain damage who can be kept alive, he said.

A lecturer at the Tokyo Jikeikai Medical College, Dr. Takashi Urata, held that such patients should be classed as alive or not alive, adding that he would consider a patient alive as long as his metabolism was functioning. Yet he also felt that it was most important to take a well-balanced look at the total situation, without limiting it to the patient, and including the welfare of the family, with the final decision being left to the physician's judgment.

"A request for euthanasia," written by the patient while he has the capacity to make a sound judgment, should be considered as valid as a last will and testament, Dr. Urata said.

Many physicians at the symposium classed euthanasia as active or positive and held that the physician should make it a rule to take a passive approach to euthanasia.

At euthanasia symposium, Taikin Tonoya, a priest of Ekakuji Temple, Kamakura, described "senge," a Buddhist concept of an "ideal form of demise," permitted only to a high Buddhist priest who, after he has finished his mission to edify the people of the world, realizes Nirvana. It is said that he can realize exactly when he will die, weeks in advance, and passes away just as if going to sleep.

from Germany *from the Editors of Medical Tribune Germany, Wiesbaden*

Eliminating Cheese, Other Food Allergens, Relieves Acne

Medical Tribune World Service

ZURICH—A strict elimination diet after systematic intracutaneous testing of about 40 food allergens in 400 patients with acne vulgaris, most of whom were between 20 and 30 years of age, gave surprisingly rapid alleviation of the skin condition. Flare-ups, when they occurred, were due solely to nonadherence to the elimination diet in which all positive food allergens were omitted, according to Dr. V. Obeid-Ruggli, of Zurich. She reported at the Fifty-Seventh Annual Congress of the Swiss Society for Dermatology and Venerology here. Results in over 70% of the patients were very good to good when the regimen was strictly adhered to.

Although hormonal disorders, bacterial infections and digestive disturbances are frequently said to trigger and aggravate common acne, its etiology has not yet been definitely established. In the present investigation, special attention was paid to cheese, vegetables producing flatulence, smoked and pickled meat, spices, puff pastry, confections based on wheat flour, candies, eggs, chocolate, tomatoes and nuts. The greatest number of positive results corresponded to the cheese test (388 cases), followed by tomatoes (242), mustard and paprika (149), and pepper (125). Nearly all patients presented several positive results; strikingly, however, patients with intensely pustular and nodose forms gave fewer positive test results than the remainder.

After the test results had been ob-

Continued on page 27

from Britain *from the Editors of Medical News-Tribune, London*

Beta-Blockers Reduce Risk of First-Time Infarcts

Medical Tribune World Service

LONDON—Patients with severe hypertension are less likely to develop a myocardial infarction if the treatment regime includes the use of beta-blockers, says Dr. I. Stewart of the Victoria Hospital, Blackpool.

Dr. Stewart, who spoke at the 4th meeting of the International Society of Hypertension, in Sydney, Australia, described a study in which 169 patients with essential hypertension were followed up for over five years.

He found that those in whom the treatment regime did not include a beta-blocker were four times more likely to develop a myocardial infarction, other risk factors for myocardial infarction having been standardized where possible.

Beta-blockers have been shown previously to reduce the risk of re-infarction, but to Dr. Stewart's knowledge this is the first study to show that it reduces the risk of first-time infarctions in hypertensive patients.

Hypotensive Agents Also

In many patients with severe hypertension, treatment may have to be started with a quicker acting hypotensive agent, but in general Dr. Stewart finds it possible to introduce beta-blockers within weeks of onset of therapy.

Not all patients can be given beta-blockers. He has found that in about 25% of patients, some contraindication to beta-blockade is present.

One example of an illness that contraindicates the use of beta-blockers is asthma, Dr. Stewart said.

from France *from the Editors of Tribune Medicale, Paris*

Arteriography Indispensable in Dx of Cerebral Insufficiency

Medical Tribune World Service

LILLE—At a round table discussion of the treatment of insufficiency of cerebral circulation, Professor Marcel Jomin, of the neurosurgery service of the Centre Hopital Universitaire de Lille, and Dr. Gerard Gozet, neuroradiologist at the same hospital, reviewed the examinations that may be used to confirm the diagnosis.

Not all examinations have the same value, Professor Jomin said. He classifies them into three groups:

Useful: 1.) Physical examination of the fundi, ophthalmodynamometry, thermography, electronystagmography and echography; 2.) x-rays of neck and skull may show arterial calcifications. Should there be the slightest question of a cerebral accident, he feels a lumbar puncture should be performed.

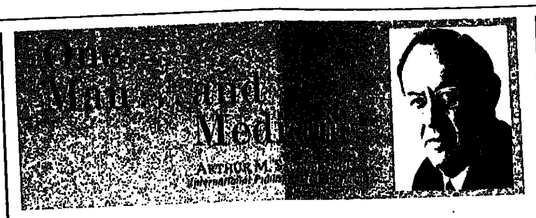
Angiography, considered indispensable by Prof. Jomin, showed this patient to have complete occlusion of the right carotid bifurcation.

Very useful: 1.) Assessment of physical function; 2.) an electroencephalogram.

Indispensable: Ateriography to locate a surgically treatable carotid artery lesion. There is almost always some conflict between a minimal clinical picture and extensive anatomical damage to the carotid arteries

Arteriography is particularly indicated in a young subject, in case of a syndrome of cerebral carotid claudication, vertebro-basilar or mixed, and when an old syndrome of cerebral circulatory insufficiency, poorly controled by treatment alone, suddenly flares up. It is usually contraindicated when the patient is over 70 years of age, when his general physical condition is precarious, when there is a permanent neurologic deficit (with dis-

Continued on page 27



Maybe I Wasn't So Wrong After All

On Population Control, Limits of Growth And the Side Effects of Sterilization

THE OTHER DAY I commented on a remarkable historic fact. "In our generation, the cult of fertility which dominated man's life as a factor of survival since paleolithic times has literally been stood on its head with the evolution of an anti-fertility cult of zero population growth (ZPG)." The subject is one constantly forced to my attention by an unceasing flood of correspondence, much of which is the most heated and most vituperative I've ever received.

Try as I do to keep the considerations of the issues calm, collected and in perspective, I just don't seem to be able to. Some years ago I had devoted considerable amount of time to the subject of population control. I have shared some of my observations with you and also presented them in a formal paper at the Colloquium of the International Association for Social Psychiatry in Honolulu.

Who Is Starving Now?

In essence, you may recall my belief that rate of population growth is primarily a socio-economic problem and not one of medical technology. I've found birth rates high when infant mortality is high and low when infant mortality is low and GNP (gross national product) high. My "exiling" the facts as I saw them has been described by some as a lack of "concern" on my part. When I say I'm disturbed by our failure to feed those who were hungry and starving *now*, I'm accused of lack of sensitivity for those who may starve in the year 2,000.

Of course, I am not a demographer. I've approached available data with the humility of an ordinary physician fascinated by history, archaeology and research. I couldn't buy the ZPG concept as the *only* way out. I find neo-Malthusian doctrines scientifically distasteful, if not misleading. I have more faith in the imagination and ingenuity of man, perhaps even more than in man's judgments. In this regard, I was concerned about the Indian government's approach to its population problem many years ago and more recently outraged by its new initiatives.

Perhaps I was not so far off. I now note newspaper stories on the failure of contraceptive technology in India, current reports of some leading demographers, and the fascinating shift in course of the prestigious, and highly visible and vocal Club of Rome. Let some news items tell the story:

* * *

For most other developing nations, demographers now admit they were unduly optimistic that modern medical technology could rapidly reduce birth rates . . . there's little evidence of success in nations with massive population reservoirs, particularly India, Pakistan and Bangladesh. "In the past . . . people felt with the technological breakthrough (in contraceptive methods) they would control world fertility in a decade; now there is a period of reassessment," notes Shigemi Kono, a United Nations demographer.

There's no doubt that birth control slows population growth. But its impact has been felt mainly in the developed nations. Many experts argue that modern contraception can accelerate a birth-rate decline that's already under way, but won't actually start a downtrend.

So population planners are increasingly abandoning their emphasis on medical solutions to world population growth and focusing on longer-range remedies in social and economic development. Demographers note that birth rates tend to fall when income increases and is more evenly distributed when education is more widespread, and when more women participate in the work force. So said the *Wall Street Journal* of April 12, 1976.

Just one day later, the *New York Times* reported on the new position of the Club of Rome: **The Club of Rome, which aroused intense controversy three years ago by the report it commissioned on "The Limits to Growth," now recognizes that further global growth is essential if the problems of world poverty and threats to world peace are to be solved.**

The founder of the Club stated that the limits-to-growth report had served its purpose of "getting the world's attention" focused on the ecological dangers of unplanned and uncontrolled pollution and industrial expansion . . . The original study, based on a computerized model developed at the Massachusetts Institute of Technology, warned of a disaster to humankind within a century if present growth trends continued.

Vice-President Rockefeller, in a speech . . . attacked "no growth" economic and social philosophy, saying "It has always retarded some of the traditional dynamic thrust of the nation."

Further on one central aspect of the subject, I have had a recent exchange with some officials of the Association for Voluntary Sterilization. Because of their statement that vasectomy "has one of the lowest incidences of side effects when compared with other contraceptive methods," I pointed out that in their own literature the papers they were listing referred to the following side effects of vasectomy: hematoma, epididymitis, infection, sperm granuloma, sperm antibodies, thrombophlebitis, pulmonary embolism. These, of course, were in man; the side effects I had reported in our paper published in *Science* (179:293-5, Jan. 19, 1973) were in rats.

A new and lethal side effect of sterilization was reported in the *Washington Post* just a bit more than a week after the above two items:

Rioting left at least 10 dead in New Delhi when officials bulldozing houses of squatters offered to relocate them only if they would be sterilized.

Is tea harmful to your health? . . . Well, maybe.

Medical Tribune Report

ANAHEIM, CALIF.—Two University of Hawaii nutritionists told the 60th annual meeting of the Federation of American Societies for Experimental Biology that 12 volunteers who laced otherwise nutritious diets with about a quart of tea a day came down with what looked like a "marginal to severe biochemical vitamin B_1 deficiency."

At the same time, tests for the blood enzyme transketolase and urinary thiamine indicated that the systems of the volunteers just weren't absorbing the vitamin as well as they should. B_1, a participant in alpha-keto acid metabolism, is important in carbohydrate metabolism. Perhaps the tannin or caffeine in tea is responsible for blocking uptake of the vitamin, proposed Sandi Buhr and Dr. Doris Hiker.

Their research was the outgrowth of earlier work in Thailand which turned up a similar vitamin B_1 deficiency (fatigue, nervousness and loss of appetite) in residents of Thailand who subsisted mainly on betel nuts, fish and tea.

Medicine on Stamps

Jose Felipe Flores

Born in Chile, Jose Felipe Flores (1751-1824) received his medical degree from the University of Santiago in 1773. He joined the San Juan de Dios in Guatemala in 1785 as house surgeon. Later he studied anatomic dissection and preparation for surgery at European Universities. Upon his return to Guatemala, he constructed anatomic wax models that could be taken apart for teaching purposes.

Text: Dr. Joseph Klar
Stamp: Minkus Publications, Inc., New York

Current Opinion

"Marijuana: A Return to Science"

J. THOMAS UNGERLEIDER, M.D.

Associate Professor of Psychiatry, UCLA Medical Center (Los Angeles, Ca.)
Presidential Appointee, National Commission on Marijuana and Drug Abuse
Director, UCLA Drug Abuse Training Center
Director, UCLA Triage Multimodality Treatment Program
Founder and Director, Project D.A.R.E. (Drug Abuse Research and Education)

SEVERAL YEARS AGO, the White House "declared war" on drug abuse. Subsequently, the phrase, "We have now turned the corner on drug abuse," was voiced every few months throughout the land. Yet, the drug problem remains. To continue to "turn the corner" is really to go around in a circle. However, perhaps we have turned the corner on some of our *attitudes* about the drug marijuana. It is a drug that has been used for centuries throughout the world.

In this country some 32 million persons have experimented with marijuana and over 13 million people continue to use it, at the last count. These figures contrast with the 100 million regular users of alcohol in our country.

The allegations and mythology about marijuana which first began here in the mid-1930's bear scrutiny. It was once said that the derivative of the word "hashish" from "assasin" had to do with its violence-producing properties. Students of mythology however, quickly pointed out that the hashish was used as a reward for, and thus conditioning to, acts of violence committed while not intoxicated. Today, in fact, the various militant groups strongly prohibit use of drugs like marijuana by their members because such drug use distracts them, in a non-goal directed and peaceful fashion, from their purpose of disruption, change, and/or revolution.

'Amotivational Syndrome'?

As the violence theory fell from favor, concern about the opposite effects was advanced. This involved the so-called "amotivational syndrome" or loss of incentive resulting from marijuana use. Concern was expressed that many young people, in particular, would lead less productive lives because of the sedative effects from regular marijuana use. However, longitudinal studies of thousands of college students plus studies of post-graduate students (medical and law students) have revealed no significant difference in grades between users and non-users. The government studies of heavy long-term users in Jamaica, Costa Rica, and Greece have also failed to substantiate the existence of such a syndrome.

The Domino Theory

Next, the stepping-stone or domino theory was advanced. This theory claimed that use of marijuana led ultimately to heroin use. Indeed, some 85% of heroin "addicts" have used marijuana. Although no one knows how many heroin addicts there are in this country, despite the alleged state of "epidemic" (*official* estimates to our National Commission on Marijuana and Drug Abuse ranged from 200,000 to 750,000 active addicts), virtually every study has shown that alcohol and nicotine are the initial drugs of experimentation by our heroin addicts (95% have used alcohol) and everyone else as well. If one has not used alcohol or cigarettes, one rarely uses other kinds of psychotropic drugs of any kind.

Concerns next became medical, if not more sophisticated. Brain damage via ventriculograms showing cerebral atrophy in ten persons, was reported in an English study and attributed to marijuana. However, the subjects were not only involved with multiple drugs, including alcohol, barbiturates, and LSD, but some had epilepsy and others a history of cerebral trauma. The brain damage theory too has never been substantiated. None of the alleged "chronic brain syndrome" patients from hashish use in Morocco, Greece, Afghanistan, India, or Egypt have ever been produced.

Marijuana was next alleged to affect the body's immune mechanisms in vitro. These findings have never been replicated, although they received wide publicity. Similarly, initial case reports of genetic and chromosome changes in rats have remained unconfirmed areas of concern about the human consumption of marijuana.

New Clarifying Studies

And, once again, we see the opposite. Now the (often double-blind) reports of the medical usefulness of marijuana (a drug used for centuries in folk medicine throughout the world) are being issued. The use of cannabis in glaucoma and asthma and to reduce nausea and vomiting in cancer patients receiving chemotherapy has recently received much publicity, as a number of medical reports have appeared in the literature.

Fear of sexual license and the aphrodesiac qualities of marijuana resulted from varied and scattered anecdotal reports which were never confirmed from the experimentation conducted subsequent to the synthesis of THC (tetrahydrocannabinol), the active ingredient of marijuana, in 1966. The opposite fears were then expressed, those of impotence or lack of performance. This was inferred from one (unsubstantiated) report of gynecomastia and several reports of temporarily lowered testosterone levels after use of marijuana.

Currently, experimentally, doses of the THC *hundreds* of times larger than those normally used by smokers are currently being given to human subjects. The fact that these subjects live (and have minimal discomfort), where with comparable doses of many other experimental drugs they would die, only attests to the widespread margin of safety with marijuana.

Moving to social policy, medicine, and marijuana, a recent argument against decriminalization is that marijuana is fat soluble, like DDT, and remains for approximately eight days in the body. How fatty tissue content relates to jail sentences remains reconcile, however. Some cite *intent* as an important factor. They claim that alcohol is consumed to socialize but not to get "high," and that alcohol intoxication is but an unfortunate result (with its 35,000 traffic fatalities, 1 million traffic accidents, and one half of all violent crimes associated with alcohol *each year* in our country alone). Marijuana, by this reasoning, is taken solely for the pleasure that results from the "high" state. Thus, socializing (vis-a-vis alcohol) becomes desirable and getting "high" (from marijuana) undesirable—an exercise in semantics.

Students of behavior and the curious onlooker should find these arguments and the debate fascinating, for the real issue may well lie elsewhere—with morality and pleasure. Is one psychotropic drug "good" and another "bad" or are both merely chemicals with effects and side-effects? Should taking a particular chemical in private for pleasure, when not medically prescribed, be penalized by the criminal justice system or should health problems that result be handled by the health care professionals and should proscribed behavior be limited to that which directly influences others (i.e., driving under the influence—there are now tests for marijuana in the body fluids)? Further, what about using a drug for other than its intended use (i.e., amphetamines for a morning "lift," not for obesity control) or those who self-medicate in general—should these people be subjected to criminal sanctions for their "misuse" of drugs?

Our Role as Physicians

This past year, seven additional states (Alaska, Maine, Colorado, California, Ohio, South Dakota, and Minnesota) have joined Oregon in forms of decriminalization of the personal use of marijuana. Bills are pending in over a dozen more states and federally, in both houses of Congress. Thus, major changes are occurring regarding our attitudes and subsequent social policy regarding criminalization of the casual marijuana user.

For us as physicians and scientists, professional input seemingly should be limited to determining if marijuana is a threat to the public health, safety, or welfare of our nation. If so, we should consider retention of *strong* negative sanctions and enforce them *equally* via the criminal justice system. However, the evidence is overwhelming that marijuana is not such a threat. Even in those cultures where marijuana has been used for many decades and hundreds of years in heavy doses, it is no major threat to the public health, safety, or welfare. This spring, the annual HEW report to Congress on "Marijuana and Health" finally *officially* stated such a position for the United States.

So, finally, for marijuana, the issue has now become less controversial; medicine seems to be returning to science, politicians to truth, and the public to sanity.

Glycol Solvent Used in Phenol Burn Therapy

Medical Tribune Report

SAN ANTONIO—The use of pure water should be avoided in the emergency treatment of severe phenol burns, according to Dr. Russel Pardoe, chief of the Division of Plastic and Reconstructive Surgery at Santa Clara Valley Medical Center in San Jose, Calif.

The best solvent to use is polyethylene glycol 400, diluted 50% with water, Dr. Pardoe told the American Burn Association meeting here. Undiluted polyethylene glycol absorbs water, has a heative dilution of about 10°C, and would introduce the risk of further thermal injury. Diluted, however, the polyethylene is "less viscous," and it "is an extremely good solvent for the phenol. It will take out other chemicals that might have been mixed with the phenol, and it doesn't have toxic fumes," Dr. Pardoe said.

Phenol is now being used more commonly than before in household products such as dry cleaning fluids, Dr. Pardoe said. One man that he treated had left cleaning fluid on his trousers for 24 hours, and it burned through the skin to his kneecap.

Dr. Pardoe stressed however, that the best and cheapest form of treatment for any burns is prevention. He said any factory or establishment that has phenol on the premises should be very well prepared.

"It's important to have rescue gear and first aid equipment and good communications," he said.

Protective clothing of proper design is important not only for employees working in aeas where phenol is stored or used, but also for the rescue team as well. Dr. Pardoe cited one industrial accident in which about 15 rescuers sustained burns. The only man who was wearing protective clothing in that accident received the deepest burn because his clothing trapped the phenol solution around his belt and in his boots.

Tribune Economic Analysis

High Interest by Mexican Banks Equals High Risk

BY ELIOT JANEWAY
Consulting Economist

The buildup for Mexico's devaluation of the peso started last winter. A major public relations campaign was launched to dramatize Mexico's presence in the line-up of oil exporting countries. The idea was that Mexico could be trusted to clean up along with the members of the oil cartel at the expense of the oil "have nots." She used the oil sales buildup as a come-on to creditors large and small.

Under cover of this barrage of bravado about her coming oil prosperity, Mexico managed to borrow something like £600 million in the London Euromarket. When she did so, the British pound was still closer to $2.20 than to its present low level of $1.82. This meant that she could do more with the British money she took abroad than anyone else.

Moreover, it seems that Mexico is now admitting to a trade deficit of $3.6 billion. Her oil trade netted her an offsetting surplus of only $112 million—peanuts!

The lure of high interest rates has attracted hard U.S. dollars into Mexico. The record of stability for the peso and reliability of Mexican banks of deposit, as well as bonds, has reassured American savers and investors who started out being wary.

Doctors and Dentists

Guesstimates vary, but the $4 billion showing up as U.S. retail deposits is low. Allowing for all the tax evasion money that regularly slips across the border, even $6 billion seems like a low figure. Mexico has been an irresistible haven for the kind of money that's intent on beating the game—especially that of doctors and dentists with notoriously poor speculative records. My repeated warnings that the double-digit interest rates Mexico offers foreign depositors are a more faithful measure of risk than reward have stirred up more than my normal quota of disbelief and controversy.

The British have a phrase for the kind of expatriate money that has been trying to enjoy the best of all worlds in Mexico; "too clever by half." No one can fairly fault the American banks for this. They are owed too much money for comfort by borrowers in the devaluation belt.

Ask Janeway

Some of the weaker airlines seem to have weathered the financial storm with their convertible debentures selling at two-digit yields. What would you think of them?

M.D. Boud-buyer

Smart idea.

Send your questions on finances, investments, taxes to Janeway, MEDICAL TRIBUNE, 880 Third Avenue, New York, N.Y. 10022.

Questions Raised On Worth, Safety Of Infant Dieting

Continued from page 1

sity of Rochester School of Medicine, was designed to test the hypothesis that "there is a significant correlation between weight gained in the first six months of life and adult weight status in the third decade of life," Dr. Charney, now Associate Professor of Pediatrics at Johns Hopkins School of Medicine and Professor of Pediatrics at the University of Maryland School of Medicine, said.

His research team also examined the effects of birth weight, rate of weight gain, height, sex, the order of birth in the sibling line, breast feeding, social and educational status, and current weight of the parents. Only the last two factors influenced adult weight, Dr. Charney said, and neither was as influential as weight at six months, the earliest known correlative to both adult overweight and underweight.

Study Population

The study sample included 366 patients, divided into three groups based on their medical records: heavy infants (weight exceeded 90th percentile at least once), average infants (weight ranged between 25th and 75th percentiles) and lightweight infants (weight was below 10th percentile at least once).

All patients currently more than 10% above the medium weight for their height and age were defined as overweight, Dr. Charney said. If more than 20% over, they were classed as obese. The scale used was the 1962 National Health Survey for normative height and weight, which gave heavier weights than previously reported. A total of 406 subjects, now between 20 and 30 years, were sent questionnaires, with a 94% compliance rate. The sample was "not necessarily a representative one of children cared for in the pediatric practices [of three coauthors, Drs. Burtis Breese, Frank Disney, and Kurt Marx], but has been stratified to select approximately equal cohorts of heavy, average, and lightweight infants," Dr. Charney explained.

To check the veracity of subjects' answers, Dr. Charney's group also invited 50 patients living in the Rochester area to come in for a personal interview. When their actual height and weight were compared to their answers on the questionnaire, Dr. Charney found that "37 of the 50 weighed more than they thought, and 31 were an inch shorter than they hoped." Several subjects, he said, were skeptical of his scales and demanded a second weigh-in. A 5% correction factor was promptly applied to the questionnaire data.

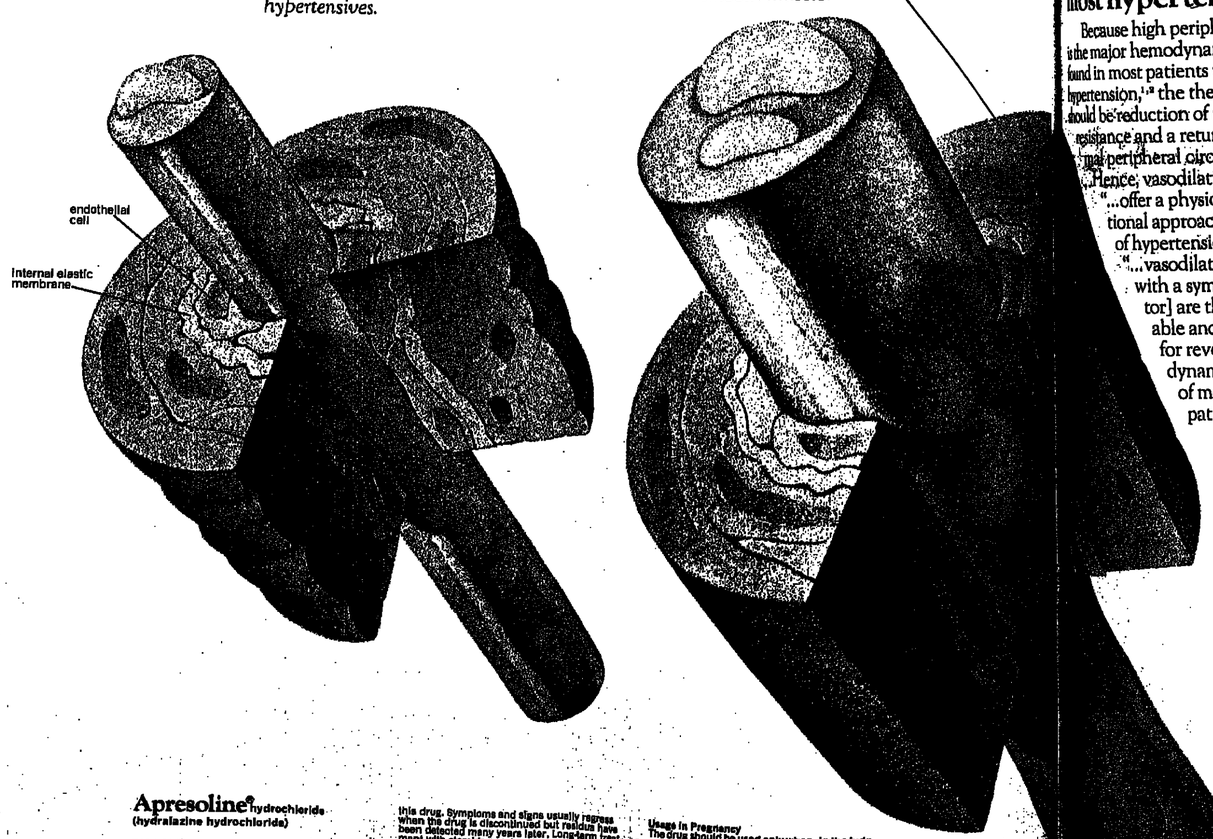
"Thirty-six percent of the infants exceeding the 90th percentile were overweight or obese adults," Dr. Charney found, "compared to 14% of both other groups ($p<.001$). We can also look at the correlation between the child's maximum weight percentile in the first six months and his adult status.

Continued on page 27

Apresoline® (hydralazine) relaxes arterioles to solve the major hemodynamic problem in hypertension

Abnormally high peripheral resistance is the major hemodynamic problem with most hypertensives.

Apresoline reduces peripheral resistance and lowers blood pressure through a direct relaxation of arteriolar smooth muscle.



high peripheral resistance: common attribute of most hypertensives

Because high peripheral resistance is the major hemodynamic disturbance found in most patients with essential hypertension,[1,2] the therapeutic goal should be reduction of total peripheral resistance and a return to more normal peripheral circulation.[1,2]

Hence, vasodilating drugs "...offer a physiologically rational approach to the therapy of hypertension."[1] In addition, "...vasodilators [combined with a sympathetic inhibitor] are the most predictable and specific drugs for reversing the hemodynamic abnormality of most hypertensive patients."[3]

the only oral agent that deals directly with this problem

Apresoline (hydralazine), the only currently approved oral antihypertensive with vasodilating action, decreases peripheral resistance—regardless of its cause—and, hence, arterial pressure by relaxing arteriolar smooth muscle. Accompanying the fall in blood pressure is a rise in cardiac output and rate. Apresoline also maintains or increases renal and cerebral blood flow.

a different and complementary pharmacologic approach

Different in action from all other oral antihypertensives and compatible with most of them, Apresoline can play a significant role in a variety of therapeutic combinations.

Such combinations, according to Freis,[4] with each component representing a different antihypertensive mechanism, provide the most effective way to control blood pressure. This approach may also permit lower drug dosages.

the problem of postural hypotension minimized

Nickerson[5] describes the action of Apresoline as follows:

"A preferential effect on arterioles, as compared to veins, allows the increase in cardiac output and minimizes postural hypotension; the latter is much less than that produced by agents blocking sympathetic nerves."

Continued on following page

Apresoline® hydrochloride
(hydralazine hydrochloride)

TABLETS

INDICATIONS
Essential hypertension, alone or as an adjunct.

CONTRAINDICATIONS
Hypersensitivity; coronary artery disease; mitral valvular rheumatic heart disease.

WARNINGS
Hydralazine may produce in a few patients a clinical picture simulating systemic lupus erythematosus. In such patients hydralazine should be discontinued unless the benefit to risk determination requires continued antihypertensive therapy with this drug. Symptoms and signs usually regress when the drug is discontinued but relapse have been detected many years later. Long-term treatment with steroids may be necessary.

Complete blood counts, L.E. cell preparations and antinuclear antibody titer determinations are indicated before and periodically during prolonged therapy even though patient is asymptomatic. These studies are also indicated in the presence of any unexplained symptoms.

A positive antinuclear antibody titer and/or positive L.E. cell reaction requires that the physician carefully weigh the implications of the test results against the benefits to be derived from antihypertensive therapy with hydralazine.

Use MAO inhibitors with caution.

Usage in Pregnancy
The drug should be used only when, in the judgment of the physician, it is deemed essential to the welfare of the patient.

PRECAUTIONS
Use cautiously in suspected coronary artery or other cardiovascular diseases, cerebral vascular accidents, and advanced renal damage. Postural hypotension may occur, and the pressor response to epinephrine may be reduced.

Peripheral neuritis, evidenced by paresthesias, numbness, and tingling, has been observed. Published evidence suggests an antipyridoxine effect and addition of pyridoxine to the regimen if symptoms develop.

Blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia, agranulocytosis, and purpura, have been reported rarely. If such abnormalities develop, discontinue therapy. Periodic blood counts are advised during prolonged therapy.

ADVERSE REACTIONS
Common: Headache; palpitations; anorexia; nausea; vomiting; diarrhea; tachycardia; angina pectoris. *Less frequent:* Nasal congestion; flushing; lacrimation; conjunctivitis; peripheral neuritis, evidenced by paresthesias, numbness, and tingling; edema; dizziness; tremors; muscle cramps; psychotic reactions characterized by depression, disorientation, or anxiety; hypersensitivity (including rash, urticaria, pruritus, fever, chills, arthralgia, eosinophilia, and, rarely, hepatitis); constipation; difficulty in micturition; dyspnea; paralytic ileus; lymphadenopathy; splenomegaly; blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia, agranulocytosis, and purpura; hypotension; paradoxical pressor response.

DOSAGE
Initiate therapy in gradually increasing dosages; adjust according to individual response. Start with 10 mg 4 times daily for the first 2 to 4 days. Increase to 25 mg 4 times daily for balance of first week. For second and subsequent weeks, increase dosage to 50 mg 4 times daily. For maintenance, adjust dosage to lowest effective level.
The incidence of toxic reactions, particularly the L.E. cell syndrome, is high in the group of patients receiving large doses of Apresoline.
In a few resistant patients, up to 300 mg Apresoline daily may be required for a significant antihypertensive effect. In such cases, a lower dosage of Apresoline combined with a thiazide, reserpine, or both may be considered. However, when combining therapy, individual titration is essential to insure the lowest possible therapeutic dose of each drug.

HOW SUPPLIED
Tablets, 10 mg (pale yellow, dry-coated); bottles of 30, 60, 100 and 1000.
Tablets, 25 mg (deep blue, dry-coated) and 50 mg (lilac, dry-coated); bottles of 30, 60, 100, 500 and 1000.
Tablets, 100 mg (peach, dry-coated); bottles of 100.
Consult complete literature before prescribing.

1/9644 17

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Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

CIBA

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Chubby Infants: Is Early Dieting Worthwhile?

Continued from page 23

...risk appears stable below the 75th ...centile [12.5% will be overweight ...ter], and rises progressively above ...at to 18%, 33%, and 40%," he ...d. Thus infants above the 90th per...tile have a two-and-a-half times ...reater risk of later obesity, compared ...both other groups, he pointed out.

...e the tall, heavy infant at less risk ...f adult obesity than the short heavy ...es? "Many clinicians have assumed ...at to be the case and so assured ...emselves and the parents," Dr. Char...ney noted. However, the study showed ...t absolute weight gained at six months ...o be the critical variable, "quite in...dependent of the infant's length."

The findings also confirmed the well-known fact that the higher the social ...ass or educational level, the less ...verweight the subject has of obesity, in...dependent of other factors. In addition, ...he current weight status of the parents ...howed a striking relationship to ...besity in the child," Dr. Charney re...ported. "When at least one parent is ...verweight and the infant's weight is ...bove the 75th percentile, then 51% ...re overweight or obese as adults."

In the group as a whole, "two-thirds ...f all the overweight and obese adults ...were identifiable by six months of age," Dr. Charney concluded.

from Germany

Food Allergen Cut Ameliorates Acne

Continued from page 17

...kind, patients were instructed to avoid ...e positive allergens so detected for a few weeks; patients reacting positively to the cheese test were additionally recommended to give up yogurt and curds, and to reduce their consumption of veal and beef. Correlation between the ingestion of positive allergens and renewed onset of the skin condition was so evident that the patients in general willingly forwent the prohibited foods although these had been quite frequently their favorite dishes. Continuance of the elimination diet over a fairly long period was obtainable for the most part only with patients who could take care of themselves at home; relapses frequently occurred with those feeding in canteens and restaurants, where particular condiments could not be pinpointed.

The diet was classed therapeutically successful (very good to good) in 281 patients who could be discharged practically free from acne at the end of the course. A clear improvement was obtained in a further 96 patients, although strict adherence to the diet could not be verified over a longer period. Only 23 patients, mostly very young, who did not adhere to the elimination diet, presented no improvement.

View Supported

These results support Dr. Obeid-Ruggli's view that the development of acne vulgaris is due to foods, specifically certain animal and vegetable proteins which act as allergens.

from France

Use Arteriography In Insufficiency Dx

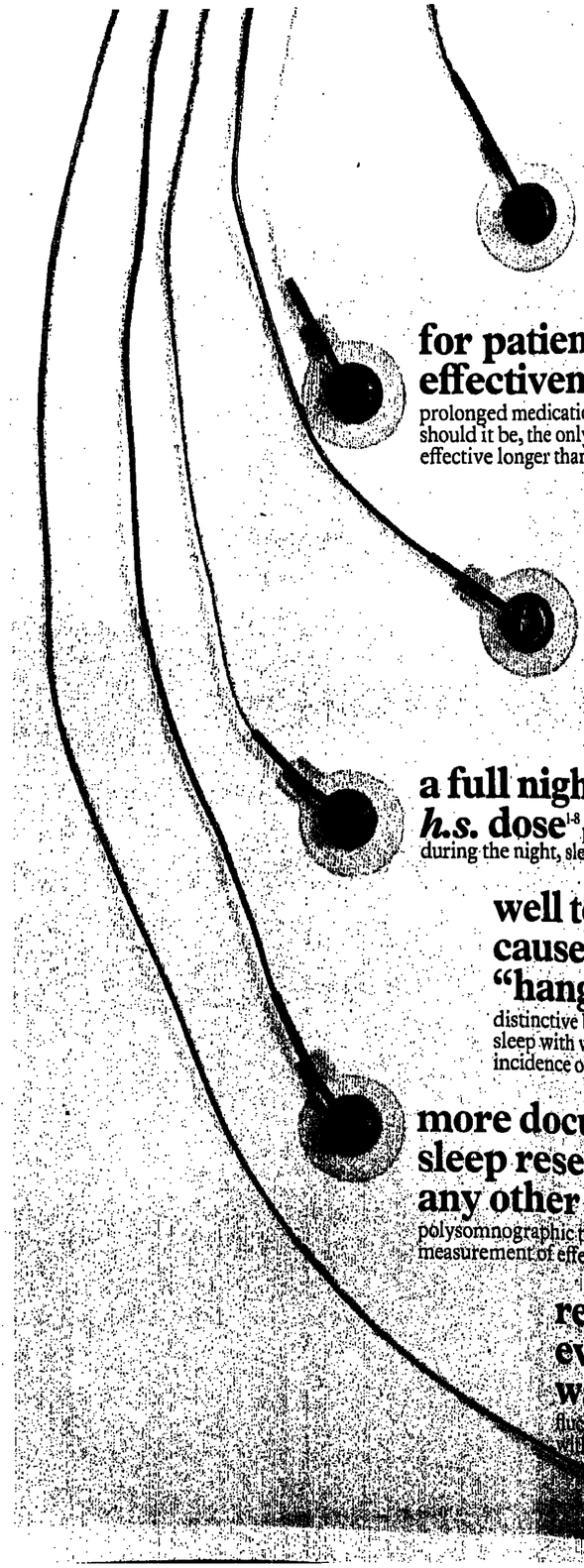
Continued from page 17

...order of consciousness or vegetative systems).

Angiographic assessment is difficult because of the length of time required, the amount of iodized product injected and the frailty of the patient. Vasodilators, administered in strong doses by perfusion, are required before and after the angiography, which should always be performed during a three-to-four day hospitalization. General anesthesia must be given carefully, with supervision focusing particularly on functional variations.

Indications for Surgery

Medical treatment of cerebral circulatory insufficiency, said Professor Jomin, is essentially based on the vasodilators, the results of which are debatable, on medications with a metabolic cerebral action, and on platelet antiaggregators. Surgical treatment consists of endarterectomy alone or combined with restorative surgery. It is a simple, mild and rapid operation, yielding good results in 88% of the patients. Operative mortality is below 2%. Surgery is indisputably indicated in case of recurring incidents. However, surgery is contraindicated when dealing with an acute and/or definitive neurologic accident.



on average, sleep within 17 minutes that lasts for 7 to 8 hours with fewer nighttime awakenings[1] proved in patients with insomnia in 8 sleep research laboratory studies

for patients who need it, continued effectiveness over 28 nights[2,3]
prolonged medication for insomnia is generally not necessary; should it be, the only available sleep agent proved objectively to be effective longer than two weeks is Dalmane (flurazepam HCl)

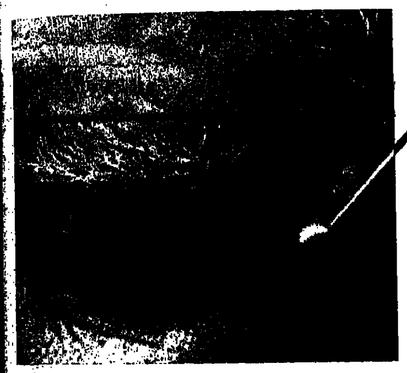
proven effectiveness in elderly patients with verified insomnia[4]
the greater the degree of insomnia, the greater the objective improvement with Dalmane 15 mg administered for 7 nights *h.s.*—15 mg is the recommended initial dosage for elderly and debilitated to help preclude oversedation, dizziness or ataxia

a full night's sleep with a single *h.s.* dose[1-8] patients fall asleep faster, awaken less often during the night, sleep longer without repeating dosage

well tolerated, seldom causes morning "hang-over"[1] Dalmane is a distinctive benzodiazepine specifically indicated for sleep with well-documented safety and low incidence of morning "hang-over"

more documentation from the sleep research laboratory than any other agent for insomnia[1-8]
polysomnographic techniques provide the most objective measurement of effectiveness possible

relative safety extending even to patients on chronic warfarin therapy[1,9] no unacceptable fluctuation in prothrombin time has been reported with Dalmane



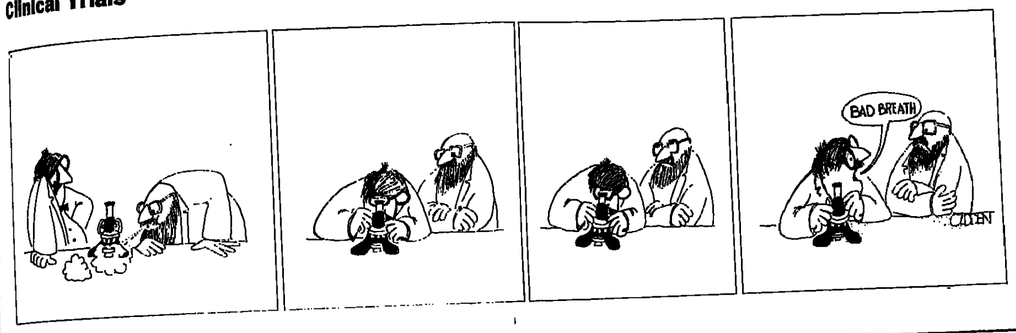
The Dalmane® (flurazepam HCl) difference.

ROCHE

Please see following page for a summary of product information.

Clinical Trials

By Oldden



IMMATERIA MEDICA

Hooked on Classifieds

A Florida doctor who wants to remain nameless because he's "hooked on classifieds" has sent us the following excerpt from the classified section of the *Miami Herald:*

A1-36 Fictitious Names

TROPICAL Pines Enterprises 16220 SW 107 Ave Mia H J Drainville
DOVAL Management 1122 T, SW 65 Ave Miami Jose M. Regalado. Francisco Fernandez
SOS Electric Co 4135 W 5 Lane Hia Fl Eugene Suslowicz
SOS Dockside Marine Services 135 NW 109 St Miami Shores Fl Vincent F. Rakstis owner
KEYS Auto Appraisal PO Box 90 Big Pine Key Fl Dennis Wilson
HIGH Priest Productions PO Box 420064 Mia Fla S.G Williams
(THE) New World 7852 W. 15 Ct Hialeah, Fl Jim Voorhees

Asks our Floridn friend: *Who ever heard of fictitious names being advertised?* But there they are, finest specimens in our tray this morning. Makes some things more mysterious than viruses.

French Style In Arkansas

Just because you haven't heard of "The Arkansas Traveler" or Chic Sale in recent years, don't give up. We pass along an item from page 5, No. 687, of the *Food Drug Cosmetic Law Reports:*

French bread...The Arkansas Office of the Attorney General has supported a determination made by the Arkansas Board of Health that the word "French" has no significance to bread other than the style of the loaf, and that unless the word "style" is printed in connection with the word "French" the Arkansas Drugs, Devices and Cosmetics Act is violated. The Board of Health has the power to make such a determination, the Attorney General's Office stated, and though another "trier of fact" might have reached a contrary conclusion it cannot be said that the Board exceeded its authority in making the determination (Opinion of the Attorney General of the State of Arkansas, 112,519.35).

And here we thought that there was nothing down there but moonshiners and the original of *The Maid of the Ozarks*, that play about a buxomy, innocent country girl that played for generations in Chicago. And now they've got "French style" bread.